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We Want Your Opinion

Letters to the Editor are welcome. Let us know what you think about *Navy Medicine*. Please send letters to: Janice Marie Hores, Managing Editor, Bureau of Medicine and Surgery (M09B7C), 2300 E Street, NW, Washington, DC, 20372-5300 at Janice.Hores@med.navy.mil or 19native47@verizon.net

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COVER: Canadian Forces CPL Julie Belisle, a dental technician attached to the Military Sealift Command hospital ship USNS *Comfort* (T-AH 20), calms a patient before a tooth extraction at Hôspital de l'Université d'Etat d'Haiti. Story on page 14. Photo by MC2 Joan E. Kretschmer, USN

Online issue of *Navy Medicine* can be found at:
http://navyhistory.med.navy.mil/Publications/NavyMedicineMagazine.html

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Navy Medicine considers for publication photo essays, artwork, and manuscripts on research, history, unusual experiences, opinion, editorials, and professional matters. Contributions are suitable for consideration by *Navy Medicine* if they represent original material, have cleared internal security review and received chain of command approval. An author need not be a member of the Navy to submit articles for consideration. For guidelines on submission, please contact: Janice Marie Hores, Managing Editor, Janice.Hores@med.navy.mil or 19native47@verizon.net

Navy Medicine is also looking for book reviews. If you've read a good book dealing with military (Navy) medicine and would like to write a review, the guidelines are:

- Book reviews should be 600 words or less.
- Introductory paragraph must contain: Book name by author. Publisher, city, state. Year published. Number of pages.
- Reviewer ID: sample:

CAPT XYZ is Head of Internal Medicine at Naval Medical Center San Diego.
I look forward to hearing from you.

Admiral's Call

In my first several weeks since taking the helm on 27 August, I have had the opportunity to witness firsthand the high quality, compassionate care that Navy medicine is avidly delivering throughout the nation and the world.

On 5 October, I visited Great lakes, IL, for the CAPT James A. Lovell Federal Health Care Center naming ceremony. This facility is the nation's first joint Veterans Affairs-Navy hospital. When it opens in 2010, the Lovell Center will serve an estimated 100,000 veterans, active duty personnel, and family members. It has already established collaborative processes which can be exported to other locations and, in turn, will shape the future of federal healthcare.

This partnership represents Force Health Protection in action. From seaman recruits in Great Lakes who are training, being mentored, and becoming anchored in our sea service culture, to those who have returned from serving operational assignments in a war zone or providing humanitarian assistance and assisting in disaster relief missions, this integration allows us to maintain a continuum of care and a career path for the full military life experience.

On 15 October, I visited Naval Medical Center San Diego (NMCSD) for the opening ceremony of the Comprehensive Combat and Complex Casualty Care (C5) facility. C5 is a state-of-the-art facility that manages a severely injured or ill patient from medical evacuation through inpatient care, outpatient rehabilitation, and eventual return to active duty or transition from the military. The center provides patients and families with all-encompassing treatment and services for physical injuries, emotional needs, and rehabilitation.

The newly renovated facility features a multi-terrain obstacle course with ramps, stairs, and beams. These allow a patient to practice ambulation and balance. A 30-foot climbing wall enables the patient to work on agility, problem solving, and muscle strengthening. There is also an advanced training apartment with a full kitchen, living room, and bedroom which gives patients the opportunity to practice tasks in an environment they will encounter upon discharge.

The facility is similar to the Military Amputee Training Center just opened last September at Walter Reed Army Medical Center (WRAMC). Both share the same case management model that facilitates healing for our wounded Marines, soldiers, sailors, airmen, and members of the Coast Guard.

C5 is also strategically important to our family-centered care concept because approximately 25 percent of all wounded warriors call the West Coast home. Patients can be brought directly to San Diego from Landstuhl Regional Medical Center in Germany or shortly after initial treatment at NNMC Bethesda or Walter Reed. This enables families to be on hand while having access to essential support services. All this enhances the total healing process.

These warriors deserve our best, and it is our calling and duty to give them the best medical care and rehabilitation support possible. In fact, as part of force health protection, Navy medicine is committed to a stellar standard and quality of care for all our beneficiaries. This high quality patient care is reserved not only for those who are active duty or war-wounded but for those closest to them.

Navy medicine is also proud to welcome home the joint civil-military crew of both USS *Peleliu* (LHA-5) and USNS *Comfort* (T-AH 20). *Comfort* completed its 120-day, 120-nation mission in Latin America and the Caribbean, conducting nearly 1,200 surgeries and treating more than 98,000 patients. Likewise, *Peleliu* modeled her deployment on *Mercy*'s highly successful 2006 Southeast Asia and WESTPAC deployment, delivering substantial medical and dental support to a significant number of people in remote locations onboard a large-deck amphibious ship—demonstrating the Navy's commitment, flexibility, and multi-purpose capability.

Thousands of patients in SOUTHCOM and PACOM areas of responsibility (AOR) benefited from high-quality, immediate healthcare delivered by dedicated, caring teams of professionals. Meanwhile, the crews of both ships worked hand-in-hand with their host nation counterparts. Together they played a critical role as goodwill ambassadors, demonstrating that beyond the kinetic energy of a mighty warship like *Peleliu* lies the equally compelling compassionate soft power of humanitarian assistance and disaster relief. Congratulations to both our joint, multi-agency, and multi-national teams from Pacific Partnership and Partnership of the Americas.

Quality care is not a stagnant phenomenon. The concept of quality is dynamic and satisfies the ever-changing needs, desires, and wishes of our patients, their families, and our staff who provide that care. Navy medicine never rests on its past accomplishments. We are obligated to provide the best, most comprehensive quality care to all our patients because this is our pledge as healthcare professionals and citizens of this great nation.

VADM Adam M. Robinson, Jr.

TRICARE Dental Change Benefits Children with Special Needs

CAPT Margaret Alexander, Naval Hospital Jacksonville, FL, pediatric dentist, provided valuable information which was used by Congress to legislate an important change in the TRICARE dental benefit. This change covers anesthesia services and hospital costs for patients with developmental, mental, or physical disabilities and for children age 5 and under. "When on staff at the Naval Postgraduate Dental School, National Naval Medical Center (NNMC) Bethesda, MD," Alexander explained, "I was also specialty leader for pediatric dentistry." She said during that time it came to her attention that TRICARE did not pay for the general anesthesia or for the facility fee to have the dental work done. Alexander observed, "This is a sad disparity because if the same child needs her tonsils out, TRICARE will take care of it out in town."

Alexander pointed out, "A segment of our dependent population, those with severe autism, cerebral palsy, epilepsy—these patients really can't be treated for dental disease in your standard dental office. Many of us kept asking the question, 'Why isn't military medicine helping out these kids?' It is very heartbreaking to have military families go to Navy and Marine Corps Relief Society to pay for $4,000 worth of medical bills."

Several organizations had been pushing for changes to fix this problem. And finally, under the National Defense Authorization Act of 2007, the expanded benefit was passed into law.

Alexander indicated that the coverage doesn't cover all the family's expenses associated with such treatment but that it does make a dent in the bill. It basically covers the cost of the same-day-surgery suite and payment for the oral surgeon or pediatric dentist doing the work.

A TRICARE management activity* release announced in December '06 that the change in statute does not include the actual dental services covered through the TRICARE Dental Program and the TRICARE Retiree Dental Program. It does, however, enhance the benefit for military families.

To realize savings under the program parents must submit their bills for reimbursement. Specifics on the implementation of the change are still being written into TRICARE manuals and dental care services contracts.

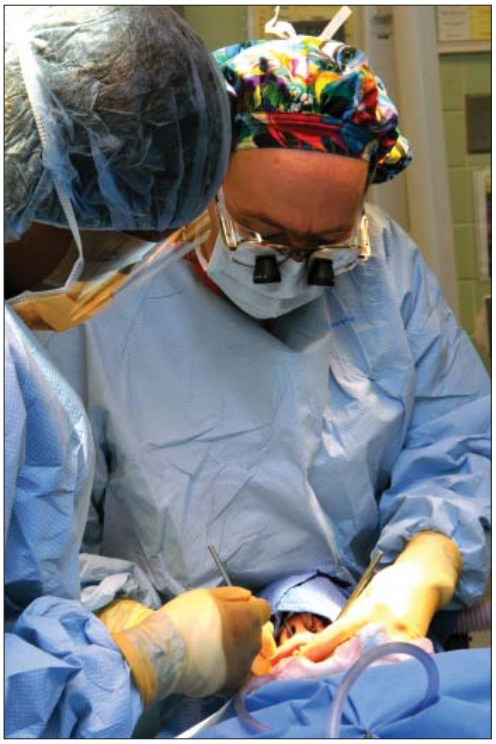
Alexander stressed that while the general anesthesia covered in this new benefit makes dental procedures less stressful for children, parents must also remember that avoiding the necessity for such dental procedures is the best way to safeguard their children's health. She said, "It's a matter of good diet, and good brushing and flossing skills to prevent these problems." This is especially important as other diseases, such as heart disease, are being associated with bacteria and other complications of bad dental hygiene.

She also explained that combating tooth decay includes what your children eat and drink. For instance, one can of Coke contains 9.5 teaspoons of sugar and most parents don't realize that. Alexander said parents often tell her that their child just won't drink water. She suggested, "If water is all they're offered to drink then they'll drink it!"

The TRICARE release echoed the importance of prevention, "…children should start seeing a dentist by the time their first tooth appears or by their first birthday. Decay is the single most common chronic childhood dental disease and it's completely preventable."

Alexander has dedicated her life to helping children by lobbying for dental legislation and promoting a lifetime of good dental habits. She serves as Naval Hospital Jacksonville's Assistance Dental Department Head, the Associate Director for Branch Health Clinic, and the Associate Director for Dental Services.

–Story by Loren Barnes and Marsha Childs, Naval Hospital Jacksonville Public Affairs.



Dr. Alexander performs a routine dental exam.
Photo by Marsha Childs

* The TRICARE Management Activity is the DOD agency that administers the healthcare plan for the uniformed services, retirees, and their families. It serves more than 9.2 million eligible beneficiaries worldwide. Information about the military medical and dental health plans is available at www.tricare.osd.mil.

VA Brings Mental Health Programs to Primary Care Settings

Addressing a special mental health forum with the top clinicians and researchers from the Department of Veterans Affairs (VA), former Secretary of Veterans Affairs Jim Nicholson announced plans to begin locating some of the Department's mental health programs closer to places where primary care is provided. "Given the reluctance of some veterans to talk about emotional problems, increasing our mental health presence in primary care settings will give veterans a familiar venue in which to receive care without actually going to an identified mental health clinic," he said.

Nicholson described VA as "a long-standing leader in mental health," with $3 billion devoted this year to mental health services. The Department has the nation's largest mental health program and is internationally recognized for research and treatment for post-traumatic stress disorder (PTSD). "The wounds of war are not always the result of explosions and rocket fire," he added. "They can sometimes be unseen and cloaked in silence. If left untreated, they can be just as lethal."

"We let veterans know that mental health issues and other military-related readjustment problems are not their fault—that we can help them—and that they can get better," he added.

Acknowledging that VA officials expect to see increasing numbers of newly returned combat veterans with PTSD and other mental health issues, Nicholson said mental healthcare is currently provided at each of VA's 153 medical centers and 882 outpatient clinics. Nicholson also announced plans to begin a series of regional conferences about providing mental healthcare to veterans with "our partners at the state, local, and community levels."

Recent expansion of the Department's mental health services include:

- Greater availability of "telemental health" programs, which treated about 20,000 patients last year;
- Integrating mental health services into geriatric programs;
- Adding psychologists and social workers to the staffs of VA's polytrauma centers;
- Increasing the number of Vet Centers from 209 to 232, and adding 100 new combat veterans to run outreach programs to their former comrades;

"As the newest generation of combat veterans returns home, we want to ensure that we are providing them the very best in mental healthcare and treatment possible. They deserve nothing less," Nicholson said.

–Veterans Affairs Press Release 2007.

With a little soft shoe...CPO selectees at Naval Hospital Bremerton showcase their singing and dancing ability during the command picnic event. Surprisingly, no one from "American Idol" has contacted them for an offsite, outside performance, but it's still relatively early in the induction process. Photo by HM2 Marika Steenblock, USN

Valuing Diversity, Eliminating Stereotypes

Diversity in the workplace was the topic of a recent training session at Naval Medical Center Portsmouth (NMCP). Nationally acclaimed diversity expert Mauricio Velasquez led the informative and often entertaining session explaining how to capitalize on everyone's differences. "Diversity is here—we all are different," Velasquez said. "Diversity is all about differences and how we treat people based on those differences. Valuing diversity breaks down stereotypes and treats everyone as an individual, not a member of a group." Former NMCP commanding officer RADM Thomas Cullison introduced Velasquez and added that understanding others' values is paramount to patient care. "We take care of people who don't look like us or talk like us. Much more is possible with people of different backgrounds and that includes how we relate to people." The training is a CNO-supported initiative and is being presented in all Navy medicine regions. Several hundred NMCP, Navy Medicine East and Naval Hospital Camp Lejeune attended the training.

–Story by Deborah Kallgren, NMC Portsmouth Public Affairs.

Navy Drug Screening Laboratory San Diego Lends a Hand at Veterans Stand Down

Volunteers from the Navy Drug Screening Laboratory, San Diego participated in the 20th annual Veterans Stand Down held near downtown San Diego on 13-14 July. This annual event to provide care to homeless veterans and their families was started in 1988. Navy Drug Screening Laboratory staff joined personnel from other Navy and Marine Corps units to provide a wide variety of services such as free lodging, meals, and medical care to over 750 veterans and their families from the San Diego area. Other services included dental and eye exams, legal services, free haircuts, clothing, acupuncture, and massage. Counselors, including representatives from the Department of Veterans Affairs, were onsite to assist with benefit issues. Special activities were also provided for the children in attendance including arts and crafts, clowns, face painting, free toys, and a portable swimming pool. Nightly entertainment was provided by local bands.

–Story by Bill Sendt, Navy Drug Screening Laboratory San Diego Public Affairs.

Service Members Use New Alternative to Combat Stress with Virtual Reality Therapy

Madigan Army Medical Center offered an alternative to combat stress with virtual reality (VR) therapy for individuals returning from deployment.

"This past summer the Madigan Army Medical Clinic began using virtual reality therapy to help treat post-traumatic stress disorder (PTSD)," said Greg Reger, clinical psychologist. "Service members returning from war who have been affected by PTSD may turn to alcohol or other substance abuse without treatment. Through these therapy sessions we are able to evaluate if further help is needed."

According to Reger, the idea is to simulate the reintroduction of the experiences which caused trauma to the patient to help them face reality by talking about their experiences.

During each session, the patient wears a mounted headset and earphones while sitting on a platform that creates vibrations simulating a realistic scenario of being in a convoy or walking around an Iraqi village. A therapist can add or remove sounds of gunshots and even add smells to trigger other senses as a way to help veterans recall events. The patient is able to manage where they move by remote control and the doctor manages the scenario as a way to generate realism.

"VR is definitely a realistic and a great program for the military," said PFC Brandon Jones, Madigan Army Medical Clinic. "The special effects are awesome and it's amazing to see where technology is taking us."

VR therapy was created through a joint project through the Institute for Creative Technologies, the University of Southern California, and the Office of Naval Research. "I think virtual reality will help many patients deal with combat stress and help get out an array of emotion," said HMCS(SW/FMF) Alan Garrigus, Naval Base Kitsap, Bangor, Medical Clinic senior enlisted leader. "I think it's a great idea for the military to use this therapy. I hope it will be available in more facilities. Many individual augmentees don't know how to deal with the stress when they return home and want to bottle their emotions. Through virtual reality they are able to talk about their experiences and it's a healthy way to deal with stress."

PFC Brandon Jones wears a mounted head set as part of the virtual reality therapy session. Photo by MC2 Maebel Tinoko

–Story by MC2(AW) Maebel Tinoko, Fleet Public Affairs Center, Det. Northwest, Tacoma, WA.

Free Resources for Deployed Service Members and their Family Members

•Free computers for spouses or parents of deployed soldier in ranks E1 - E5.
http://www.operationhomelink.org/

•Free magazines for deploying service members.
https://store.primediamags.com/soldier2/service_member_pg.html

•Free mail/gifts sent to children of deployed soldiers.
http://www.prweb.com/releases/2004/2/prweb106818.htm

•Free phone cards
https://www.operationuplink.org/

•Sign up to sponsor a Sailor/Marine with care packages
http://anysailor.com/ and http://anymarine.com

•Free cookies
http://www.treatthetroops.org/

•Free care packages
http://bluestarmoms.org/care.html

•Virtual Care boxes for troops
http://66.241.249.83/

•Free books, DVD's, CD's.
http://www.booksforsoldiers.com/forum/index.php

•Free care packages
http://www.militarymoms.net/sot.html

•Free care packages
http://operationmilitarypride.org/smsignup.html

•Sign up to receive care packages
http://www.soldiersangels.org/heroes/submit_a_soldier.php

•Free gifts and care packages
https://www.treatsfortroops.com/registration/index.php

•Free shipping materials for mailing to troops
http://www.defenselink.mil/news/Nov2004/n11232004_2004112312.html

If you would like to be on the electronic mailing list and receive the magazine in PDF format, please contact Janice Marie Hores, Managing Editor, at Janice.Hores@med.navy.mil or 19native47@verizon.net

The Society for the History of Navy Medicine

Vision Statement:

The Society for the History of Navy Medicine is an international association of people interested in the history of all aspects of medicine as it relates to the maritime environment.

Mission Statement:

The mission of the Society is to promote the study, research, and publication of all aspects of maritime medicine.

The Society will be a means of "mutual support" and communication for people of all countries—civilian, military, academic, independent scholar, medical practitioner—who are interested in the topic.

Joining the Society:

Anyone wishing to join the Society should e-mail CAPT Thomas Snyder, MC, USNR (Ret.) at thomaslsnyder@gmail.com. In your message please include your name, rank (if military), and list any specific interest/specialty you might have in Navy medical history (e.g., Civil War medicine, Navy nursing, hospital ships, hygiene, etc.)

Al Nuammia, Iraq. LT Michelle Huebner, a surgeon with II Marine Expeditionary Force Headquarters Battalion Aid Station, examines an Iraqi girl during a Combined Medical Engagement (CME) in Nuammia. A CME is conducted in the different precincts and cities in the Al Anbar Province to provide Iraqi citizens the chance to seek free medical and health services provided by coalition forces. October 2007. Photo by LCPL Joseph A. Lambach, USMC

Health Center Named After Astronaut

Former astronaut and retired CAPT James A. Lovell was recognized 5 October when the joint DOD/Department of Veterans Affairs (VA) hospital was named in his honor at a special ceremony on VA grounds.

Participating in the event was Navy Surgeon General VADM Adam M. Robinson Jr., Department of Veterans Affairs Acting Secretary Gordon Mansfield, U.S. Rep. Mark Kirk; Naval Health Clinic Great Lakes Commanding Officer CAPT Thomas McGue, Medical Center Director Patrick L. Sullivan, and Actor/Director Gary Sinise.

A room packed with Navy military personnel, veterans, family members, and hospital staff listened as Lovell expressed his appreciation and gratitude for having his name associated with the first-of-its-kind military hospital.

"I can imagine no greater honor than this," said the former spacecraft commander of Apollo 13, the astronaut's fourth and final space flight.

"This is a big boost for service members," he noted. "I am thinking about all the people who will be using this hospital in the future."

Lovell was one of the group of nine astronauts selected for the space program by the National Aeronautics and Space Administration in September 1962. His three flights, preceding Apollo 13, included two missions with the Gemini program and the Apollo 8 mission when he served as command module pilot and navigator.

The former astronaut thanked Kirk and others for their tenacity in following through to make the hospital a reality.

VADM Robinson with CAPT James A. Lovell. Photo by HM1 Dwayne Snader

The James A. Lovell VA-DOD Federal Health Care Facility is expected to serve an estimated 100,000 veterans, active-duty personnel, and family members annually after its completion in 2010.

Kirk, a longtime supporter of the facility, thanked "all those who saved this veteran's hospital." The VA medical center was considered for closure several years ago.

He declared that, "We were working with the [Department of Veterans Affairs] and the Navy to find a name that would inspire veterans and also kids. We believe that James Lovell is a living inspiration for Americans."

Robinson said that, "Great Lakes is critical to our Navy. It has the only Recruit Training Command, and its hospital corpsmen are the backbone of the Navy Medical Department. Navy medicine's number one priority is readiness," he added. "It takes care of wounded warriors and veterans and family members.

"We have a way ahead about how we are going to do military healthcare. We are going to do something new and different. This partnership enables us to maintain a continuum of care. The Navy and the VA have a history of sharing," said Robinson.

"This partnership will allow us to expand our teaching and research," Sullivan declared.

Sinise, who was scheduled to perform with his "LT Dan Band" for Navy personnel later in the day, said he was proud to participate in the event "to honor our American hero, James Lovell."

–Story by Judy R. Lazarus, Navy Region Midwest/Naval Station Great Lakes Public Affairs.

(L to R) Actor and director Gary Sinise, VADM Robinson, CAPT Lovell, and Representative Mark Kirk (R-IL) unveil a logo for the future CAPT James A. Lovell Federal Health Care Center. Photo by HM1 Dwayne Snader

TAC-SIM Goes Live

The Defense Medical Readiness Training Institute (DMRTI) has a new innovation in tactical combat casualty care training—a brand new, state-of-the-art Tactical Simulation Center. Two years ago, CAPT Troy Vaughn, the OIC of DMRTI's Combat Casualty Care Course (C4), had an idea to convert an old run-down warehouse into a state-of-the-art medical training and simulation center. That dream is now a reality. The Tactical Simulation Center, known as "TAC SIM" to the C4 staff has gone live and everyone who has seen and used this new training innovation is astounded. CAPT Vaughn fights any attempts to saddle him with credit for the development of this facility: "I just had an idea for an underutilized warehouse—the guys [C4's NCOs] made this happen. They did all the grunt work that made this a reality. Even though I know them, and I know what they're capable of, I'm still amazed by how well this turned out."

Vaughn's staff coordinated with the Navy's Reserve Mobile Construction Battalion 22, and morphed this old warehouse into a simulation center that is rapidly gaining a reputation for being one of the best trauma simulations in use today—military or civilian.

TAC-SIM turned out so well in fact, that when it went live, the C4 staff wasn't even the first to use it. When the instructors at the U.S. Army's 232 Medical Brigade needed a training site to hold their annual "Best Medic" competition, they took one look at TAC-SIM, and had to have it.

One of the things that make the TAC SIM so special is the fact that instructors no longer have to produce make-believe symptoms for students to evaluate and treat. The "patients" in this simulation center are computerized human simulators. Students treat these human patient simulators in the same way a real human casualty would be treated. The simulated patient runs a computer program that accurately reproduces measurable physiologic responses to injury and subsequent treatment. They have a pulse; they breathe, bleed, and even cry out in pain. Their pupils even react to light.

A wide variety of trauma scenarios can be run on the simulators according to C4's Training Platoon Sergeant, SFC Flores-Artola, who explains the value of training with high quality, computer-driven simulators: "We no longer have to consider the errors inherent to human nature. If an instructor is tired at the end of the day, he can't speed things up, or make it easy on the student just to finish his work day. The instructor has to run the whole simulation in real time, and can't skip training objectives, because the simulator is not programmed to cheat. The last student of the day gets the same quality of training that the first student got," he said.

Perhaps the most impressive thing about these simulators is that if a simulated patient indicates the need for a certain treatment, the student actually has to perform the needed procedure, whatever it is. Under old systems of medical training, students would verbalize certain procedures that couldn't be performed for training purposes. Most of these procedures are critical invasive techniques, like inserting an airway, or a chest tube. When students verbalize treatments, they don't actually perform them. This makes it difficult for instructors to grade performance. The TAC SIM eliminates that problem.

DMRTI's Dean of Academic Support, CDR Jose Gonzalez, NC, says that what the simulators offer students and faculty is one of the most important improvements to medical training this century. Gonzalez said "They make training more realistic and practical than former methods. If the student thinks a patient needs a certain kind of treatment—a catheter, for instance—they actually have to insert one. Then, the instructor can evaluate them on this skill, as well as other procedures that are related to how using a catheter might change what you know about that patient's condition. Using the simulation lab means that one decision now takes you down a path to other decisions that will need to be made and knowledge that has to be demonstrated during the whole process just like treating a real patient," said Gonzalez.

Even Jay Anton is excited about the TAC SIM. He is the Chief Technology Officer and Vice President at Medical Education Technologies, Incorporated, the company that manufactures the Combat Trauma Patient Simulators (CTPS) used at TAC-SIM. Mr. Anton says that C4 is on to something special in their approach to medical training. "They are one of

Students treat simulated trauma patients. The simulated patient is programmed to respond as a living patient would to injuries and subsequent medical interventions in a trauma room scenario.
Photos by LT Brian Haack, USN, DMRTI Public Affairs Office

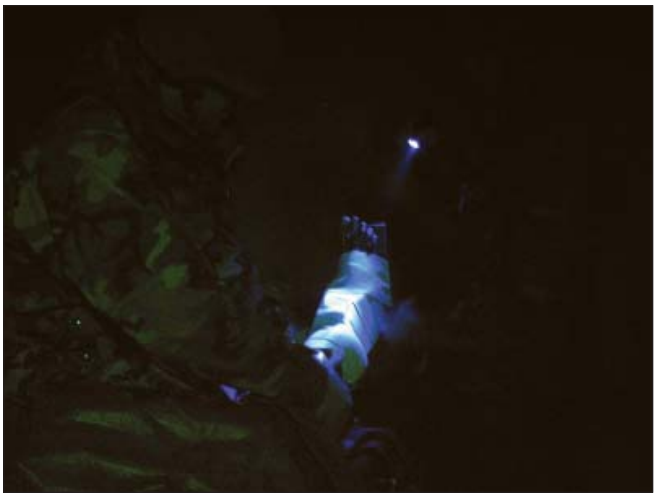
the premier military sites that use our CTPS System as it was designed to be used…they will revolutionize the way military medical personnel train…."

The TAC-SIM also addresses the challenges of pre-hospital care with a brand new urban warfare environment that adds measured stressors including noise, smoke, darkness, foul smells, and enemy fire to the list of concerns that front-line corpsmen and medics must contend with. HM2 Donald Struckmeyer supervises the Tactical Urban Warfare Environment in the TAC SIM. Struckmeyer explains the special challenges for medics, corpsmen, and other first responders: "It's all about applying treatments quickly to prolong life until you can evacuate that patient to a surgical level of care. What we do here is add real world tactical problems to the medical challenges. It's noisy and dark; there is smoke everywhere, and the place stinks. Just when you think you're on track, someone points a rifle through a doorway and starts shooting at you. Even if you get all the medicine right, you and your patient will die together if you forget the tactical part," said Struckmeyer.

The TAC-SIM also includes a self-supporting maintenance lab that allows the C4 staff to protect and maintain their equipment. They can also modify training scenarios as needed to make training more indicative of current doctrine; or, they can write new scenarios that reflect late-breaking or "emerging doctrine." What that means is that they are now able to write and validate training objectives quickly enough to reflect what is happening in Iraq and Afghanistan today before those treatment modalities become widely accepted and make it to the textbooks.

DMRTI believes that their focus on emerging doctrine and the flexibility they enjoy in their approach to training is what makes them most relevant and unique in the Tri-Service Medical Readiness Training area. DMRTI's CO, COL Courtney Scott, says their flexibility in their approach to training is what gives them their edge. "Since our mission requires us to focus on emerging doctrine, we are free to include things in our training before it becomes textbook material. For instance, if a military doctor in Iraq wants to write to tell us about an insurgency terrorism method that is causing a previously unseen brand of injuries, he can tell us what clinical manifestations those injuries have, and what kind of treatments they are applying in the field that seem to be producing successful recovery. We can then use that information to write a simulation scenario that reflects this kind of injury, and be teaching current treatment methods used in the field to our students in a matter of weeks. Although we haven't had anyone ask us to develop a product like this yet, it is now possible, when it wasn't possible in years past," he said.

–Story by LT Brian Haack, USN, DMRTI Public Affairs Officer.



Students practice working in near-total darkness while applying life-saving measures to a simulated trauma patient.

Solid Curtain/Citadel Shield 2007 Tests NMCP

A security exercise drill testing first responder reaction was conducted 20 September at Naval Medical Center Portsmouth (NMCP).

The exercise was part of Solid Curtain/Citadel Shield 2007, a week-long security evolution being conducted on naval bases and military installations throughout the United States.

The annual event was developed to enhance the training and readiness of security personnel if a threat to an installation or unit should occur. This is the 8th year this event has taken place.

"This not only exercises our people and their reaction to these kinds of threats, but it also shows the people that are outside the gate that we can react to this," said CAPT Scott Barkus, regional program director for physical security, Commander, Navy Region Mid-Atlantic. "If we do have some people in the area that have mal-intent towards the U.S. Navy, we show them that we're a hard target."

During the exercise at NMCP, a simulated explosion and attack with an unknown chemical occurred directly outside the hospital's security checkpoint. Volunteer hospital personnel acted as injured and contaminated victims from the blast.

"This exercise was good training for the hospital," said HM3(FMP) Teddy Chambers. "We performed as if there were real casualties, using the equipment and supplies we would be using in an actual event."

During the drill, medical personnel used solution and water to spray down the patients, set up a decontamination tent, and put on special clothing that would be used if it were an actual terrorist threat. Chambers also said this type of

Sailors take part as role-players in a mock chemical, biological, and radiological (CBR) attack. Photo by MCSN David Danals, USN

training was effective and showed the hospital staff is ready to respond as expected.

"Duty crew and security had no idea what was going to happen or when it was going to happen," he continued. "Here we had an opportunity to respond to a situation with casualties, not just simulated training, but doing hands-on work. The way they responded showed their training is working and they will be effective when needed."

"There are certain precautions security personnel must take if there were a threat at the gates," said CAPT William Cogar, medical director of emergency preparedness and planning at NMCP. "The drill went exceptionally well; the response at the front gate and at the [decontamination] tent was efficient. Overall, first responders did a very good job."

Cogar emphasized the value of realistic training such as Solid Curtain/Citadel Shield and noted the probable lessons learned from such an event.

"We look for areas of weakness so we can improve upon them and we also look upon the strengths of the team and how to reinforce them," said Cogar. "In today's modern world, we have to be prepared to respond to anything at any time."

–Story by MC2 Riza Caparros, Fleet Public Affairs Center Atlantic, Portsmouth, VA.

Marines Take Lives Into Their Own Hands

Navy corpsmen have one job, save Marine lives, but what happens when no one hears "Corpsman up!"

Faced with this possibility, corpsmen with Battalion Landing Team 1st Battalion, 6th Marine Regiment, 24th Marine Expeditionary Unit, shared their medical expertise with Marines during a Combat Lifesavers course (CLC).

Nine corpsmen from BLT 1/6 taught self-aid and buddy-aid lessons aboard USS *Nassau* (LHA-4) during the 24th MEU's Expeditionary Strike Group Integration Exercise training, with the intent of helping Marines help themselves. "We teach Marines how to save their buddies," said HM2 Albert Ramirez. We go over the first line of medicine and how to recognize and treat injuries. We also try to build their confidence with hands-on training, so if their buddy goes down, [they] can provide medical aid."

The CLC teaches Marines to sustain an injured person until help arrives. The course doesn't make Marines corpsmen, but expands basic first-aid knowledge and eliminates myths.

"In boot camp [Marines] are taught that tourniquets are a last resort, but in combat the tourniquet is first thing used to treat severe bleeding," said HM2 Kevin Corcoran, lead instructor, field corpsman, BLT 1/6.

Every Marine received hands-on training with the new combat application tourniquet and experienced what it feels like to have one applied. Instructors also shared personal experiences, stressing the importance knowing and performing correct medical attention in time-sensitive situations.

"Many casualties could've been saved by controlling bleeding," said Corcoran, as he recalls his experience in Iraq. "Someone was wounded and a corpsman couldn't get to him in time. He ended up dying. Not from his wounds, but from severe blood loss. We teach this course to increase survivability."

As lead instructor, Corcoran ensures all Marines in the course are familiar with the new first aid equipment they'll deploy with, such as the Israeli bandage and Quick-clot; both tools that could save a Marine's life.

"Marines need to know life sustaining skills," Corcoran said. "This course is made for Marines across the board. Usually there is one corpsman per squad, but the battalion wants to have at least two combat lifesavers per corpsman in combat."

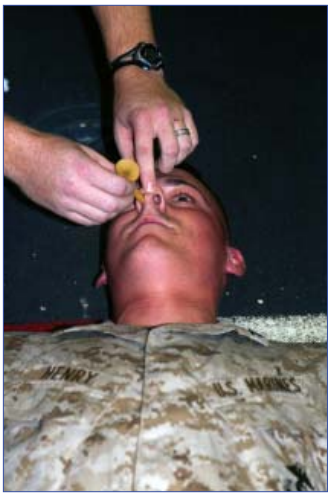
Once certified, Marines are expected to perform immediate-lifesaving treatment when called upon, he added.

"Anyone can learn this," said LCPL Brandon Demke, mortarman, Weapons Company, BLT 1/6. "The course teaches skills that Marines can use right away. The things that are taught are simple and the equipment used is idiot-proof."

This training is a force multiplier and its effects are invaluable, Demke added.

"It's everyday life that we see injuries and wounded in combat. Some of these Marines will [probably] see it too, but it's good to know that they can take care of it, said HM3 Michael A. Potter, field corpsmen, BLT 1/6."

–Story by LCPL Alex C. Gueera, 24th MEU.



Corpsmen with the 24th Marine Expeditionary Unit demonstrate techniques during a Combat Lifesavers Course. Photo by CPL Andrew J. Carlson, USMC

The New Surface Force Independent Duty Corpsman Program

One of the most cost-effective and unique enlisted military training is the Surface Force Independent Duty Corpsman Program (SFIDC) located at Naval School of Health Sciences San Diego (NSHS-SD). San Diego provides a natural environment for this education. The facility offers technologically advanced classrooms, laboratory training facilities, human simulators, and, most importantly, the Navy and Marine Corps Fleet.

The mission of the SFIDC is certainly dynamic. With the Navy's demand to increase the number of SFIDCs to augment the decreased recruitment of physicians into the Navy, the training tempo increased to match the operational tempo and has obviously become more challenging. SFIDCs are certainly one of the premier medical assets of the entire military. Over 240 students are trained annually at NSHS-SD. Their training is without comparison and their knowledge is formidable. A majority of the SFIDC medical didactic curriculum involves basic study of anatomy and physiology, physical and diagnosis skills, disease pathology, pharmacology, laboratory, medical procedures, and trauma management skills. These topics are taught through a systems based approach.

The process of training 240 students from various Navy and Coast Guard backgrounds is demanding. Students are also evaluated at a very intense and stressful pace. They are assessed on every system with written quizzes, homework, and comprehensive examinations. They are observed and graded by proctors while they physically perform system examinations. Moreover, they are given simulated clinical scenarios that model a patient with a disease process. Students gather clinical information on their patient and document medical information using the long and detailed "History of Present Illness" format. Students create a write-up of their patient using the Shipboard Automated Medical System (SAMS) which they administratively maintain. The students turn in their write-ups on their medical care plan that are graded by their proctors. These write-ups provide a feedback tool for instructors to communicate with the students evaluating their ability to deliver routine medical care.

After satisfying their basic training for 9-months, students work alongside SFIDCs and physicians in the fleet on various platforms for 3 months including Branch Medical Clinics, MTFs, and with Marines.

The current faculty of SFIDC program is composed of physicians, physician assistants, nurse practitioners, SFIDCs, preventive medicine technicians, laboratory technicians, and senior enlisted general duty hospital corpsmen. The staff brings fleet knowledge and real perspective into the program.

Faculty members routinely review and revise the curricula to meet Navy and Marine Corps readiness requirements. In accordance with the Navy's revolution in training, the programs and curricula developed by faculty at NSHS-SD SFIDC comes from current medical operational information derived from shore, surface, and Fleet Marine Force medical communities and subject units. The information and knowledge delivered to students are structured according to relevance, recognizing the differences and similarities between each of the communities and units. The information is vibrant and will continually change to reflect the adaptable capability of the Navy and Marine Corps team.

Another opportunity for unique training is the Naval Trauma Training Center (NTTC) located on the University of Southern California campus. This site prepares providers to conduct a trauma assessment to deliver trauma care. It also allows continuous public relations with the civilian communities.

NSHS SFIDC is truly in the forefront of the Navy's revolution in training. The Navy continues to demand more from the SFIDCs and NSHS SFIDC program continues to adapt, change, and overcome with goals to further Navy and Marine Corps doctrines using the fleet and FMF experiences in current medical and tactical technical procedures and lessons learned. This dynamic curriculum is vibrant, alive, and capable of evolving. This new model of training will highlight the importance of the unquantifiable quality and distinct Navy and Marine Corps culture and relationship.

–Story by LT Joseph R. Palma, MC, Naval School of Health Sciences, SFIDC, San Diego, CA.

SGT Nickolas Yost, USA (L) and HM2 Christy Sadler of the Theater Transient Holding Detachment (TTHD) Kuwait, show a quilt donated by LT Mary Hutchenson, former TTHD Officer in Charge to Yost. "It was great for someone to take the time to make this," said Yost. "It's a nice gesture between services." Yost spent several days at the Kuwait facility recuperating from injuries sustained in Iraq. He is a member of A Company, 3rd Battalion, 509th (Airborne) out of Fort Richardson, AK. Despite the flow of patients to TTHD, Yost received the quilt as he was the only combat wounded in residence at the time. Photo by MC1(SW) V.S. Cindy Gill, USN

Canadian Breaks Language Barriers Aboard *Comfort*

A member of the Canadian Forces attached to USNS *Comfort* (T-AH 20) has found herself bridging two cultures and languages as the ship continued its 4-month, 12-nation humanitarian deployment.

Canadian Forces CPL Julie Belisle, a dental technician aboard *Comfort*, is a French Canadian from Quebec City, Quebec, who also serves as a translator between English-speaking medical staff aboard *Comfort* and French-speaking Haitian patients.

"I'm glad to be able help the mission however I can," said Belisle. "Being able to keep things moving smoothly, and helping as many people as we can is what this mission is all about."

Belisle said although she is a native French speaker, there are still difficulties in communicating across two languages.

"The dialects are basically the same," she said. "But what makes it difficult is that the patient will ask a question that I don't know the answer to, and I have to go find someone who can answer it, and then translate the answer back into French."

Despite the complexity of going back and forth between two languages, Belisle said she feels she is playing a unique role in the success of the mission, but insisted she is only doing her part.

"I don't feel like what I'm doing makes me Super Woman or anything like that," she said. "This isn't a super power I have, it's just a product of where I was born, and I'm happy to be able to offer up my abilities wherever they are most useful."

Belisle said she enjoys the interaction with the patients, and is excited to be able to communicate directly with the patients for the first time since coming aboard 22 July when the ship was in Nicaragua.

"I've enjoyed being able to meet people from all of the places we've been," she said. "Now, being able to speak to them without having to go through someone else feels really good."

–Story by MC3 Tyler Jones, USNS* Comfort *Public Affairs.

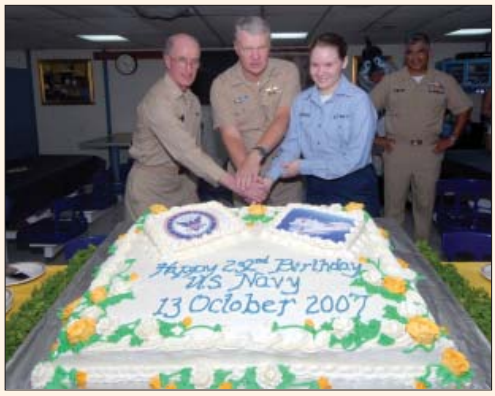
Pacific Ocean. LT Gwen Smith, left, and SGT William Jones assist Luis Cortez after his surgery. Cortez, a Colombian native, was born with short tendons that caused him to walk on the balls of his feet. Photos by MC2 Steven King

Puerto Barrios, Guatemala. Children watch as military dentists and technicians provide dental care to patients at the Puerto Barrios National Hospital.

Port-au-Prince, Haiti - HMCS Laura Cain looks at a gift given to a patient by *Comfort*'s mission commander, CAPT Bob Kapcio. The gifts were donated by Kapcio's mother. Photo by MC3 Kelly E. Barnes

Onverwacht, Republic of Suriname. HM1 Aaron Sill, attached to the biomedical repair department, gives a donated teddy bear to a patient at the Onverwacht Clinic. The bears, as well as hospital furniture, handmade quilts, and children's clothing, were part of a donation from Project Handclasp, a non-profit organization that accepts donations and coordinates their delivery using available space on U.S. Navy ships. October 2007. Photo by MC2 Elizabeth R. Allen , USN

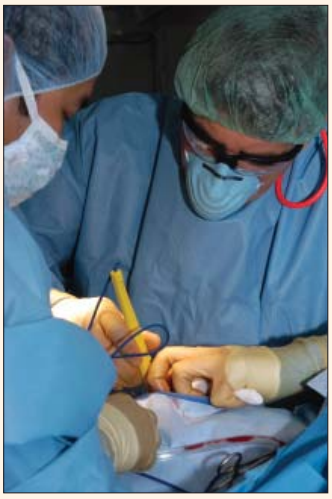
East Bank Demerara, Guyana. HM1 Brenda Bonaccorso, a dental technician, prepares equipment prior to performing dental work on a patient at the Grove Primary School. September 2007. Photo by MC2 Elizabeth R. Allen, USN



Atlantic Ocean. (L to R) CAPT Bruce Boynton, Commanding Officer of hospital ship USNS *Comfort* (T-AH 20) medical treatment facility and oldest crew member, Chief of Naval Operations (CNO) ADM Gary Roughead, and Fire Controlman Seaman Christian Demarzio, the youngest crew member, celebrate the Navy's 232nd birthday with an traditional cake-cutting ceremony on the ship's mess decks. The CNO was aboard *Comfort* to congratulate the crew after completing a 4-month humanitarian deployment. October 2007. Photo by MC2 Joshua Karsten, USN

Paramaribo, Republic of Suriname. LCDR Andrea Petrovanie, calms a pediatric patient at Flustraat Clinic in Paramaribo, Suriname. October 2007. Photo by MC2 Steven King, USN

Atlantic Ocean. U.S. National Guard Senior Airman Belitza Hernandez, attached to the post anesthesia care unit, helps a recovering patient after surgery. October 2007. MC2 Elizabeth R. Allen, USN



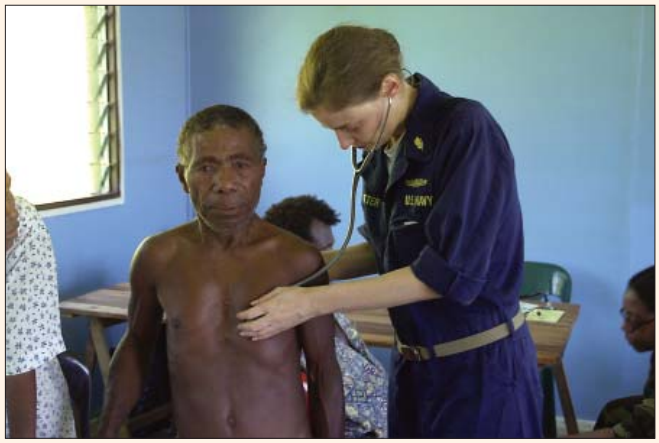
Majuro Atoll. Vietnamese Dr. Ngo Hanh (L) and CAPT Michael Wilcox, a general surgeon with the U.S. Public Health Service performed surgery on a local man's back. August 2007. Photo by MC2(SW) Jennifer R. Hudson, USN

Aur, Republic of Marshall Islands. LTJG Jeremy Venske immunizes a small boy during a medical civic action program. August 2007. Photo by MCSN Matthew Jackson, USN

Solomon Islands. HM2 Jason Eusebio, attached to Navy Environmental and Preventive Medicine Unit Five, explains proper spray techniques to prevent insect infestation in the village area of Voza. August 2007. Photo by MC2(SW/AW) Kerryl Cacho, USN

Malem, Kosrae. LT Ryan Pomicter, a flight surgeon, checks a infant's heartbeat at the Malem city government building in support of Pacific Partnership. August 2007. MC2 Nathaniel J. Karl, USN

Tafunsak, Kosrae. LT Elizabeth Solze explains a patient's diagnosis to a translator at the Tafunsak government building. August 2007. Photo by MC2 Nathaniel J. Karl, USN



Bunabun, Papua New Guinea. CDR Elizabeth Satter listens to a local man's breathing at Bunabun Heath Center. August 2007. Photo by MC3 Patrick M. Kearney , USN

Pacific Partnership

The humanitarian mission "Pacific Partnership" came to a close recently with USS *Peleliu*'s (LHA-5) return to its homeport of San Diego. Navy medicine is a proud part of the team for Pacific Partnership.

Pacific Partnership 2007, led by a diverse team of sailors and other military and civilian volunteers, visited six countries throughout Southeast Asia and Oceania regions over 120 days. Partners provided aid in the form of medical, dental, engineering, and community relations projects in the Philippines, Vietnam, Papua-New Guinea, Solomon Islands, Micronesia, and Marshall Islands.

Navy medicine was well represented by people like HM1 (SW/AW/FMF) Rogel Pepa, a radiology technician attached to the San Diego-based Fleet Surgical Team 1; HM2 Stephanie Strollo, attached to forward-deployable Navy Environmental and Preventive Medicine Unit (NEPMU) 6; and by LTJG Kathryn Phillips, an embarked Pacific Partnership nurse from the Naval Medical Center San Diego.

These are just a few members of our team who participated. Dozens of corpsmen, nurses, doctors, and others joined partners from other services and other nations to provide care to over 30,000 patients during dozens of medical and dental civil-assistance programs (MED/DENCAPS). They provided over 300 surgeries to people who were often in desperate need. They gave countless hours of health promotion and preventive medicine classes.

Navy medicine teams successfully protected Seabees, NGO partners, volunteers, and the crew of *Peleliu*, helping to make Pacific Partnership a huge success.

All four U.S. military branches were joined by healthcare professionals from a total of 10 countries. Personnel from Canada, India, and Japan came aboard *Peleliu* early on in the mission, and the list would eventually grow to include the Republic of Korea, Australia, Malaysia, Singapore, Papua New Guinea, and Vietnam.

Among the international partners were CDR Inho Park, a Republic of Korea physician, WO Clifford Gilholm of the Canadian Forces Dental Services, and LCOL Raveesh Chhajed, an Indian army pathologist. Each of them—and many other international partners, including three physicians from Vietnam—expressed their appreciation to the Navy and Navy medicine for the opportunity to help others in need.

Rounding out the mission's medical team were representatives from assorted NGOs, including Aloha Medical Mission, the East Meets West Foundation, and Project Hope. The NGO providers joined with the military medical staff to offer a series of MED/DENCAPs at each of the mission's host countries, and provided assistance with shipboard medical care.

Under the Charlie-Papa ("Steaming to Assist") flag of Navy medicine, and working side-by-side with many nations, our Navy medicine team helped showcase the very best of the United States Navy and the United States of America.

–Surgeon General's NMO Blog, 3 October 2007

Danang, Vietnam. Children wait in line for a routine check-up during a medical civic assistance program at Truon Tieu Hoc Quy School. July 2007. Photos by MCSN Patrick D. House, USN

Danang, Vietnam. CDR Amir Harari performs a routine check-up for a local patient at the Man Thai Ward Medical Station in Danang. July 2007.

Community Support Provided at NMCSD

Naval Medical Center San Diego (NMCSD) played its part to reach out and assist the San Diego community coping with wildfires that burned more than 240,000 acres in San Diego County resulting in 513,000 displaced residents. An Emergency Operations Center was established 22 October at NMCSD to coordinate medical efforts for military personnel, family members, and ultimately civilians from other hospitals evacuated in the area.

Over 2 days NMCSD had accepted 38 civilian patients, transferred due to civilian hospital closures and evacuations. Overnight, NMCSD responded to county medical operation requests to care for 28 nursing home patients from Villa Rancho Bernardo. These residents were initially evacuated to Del Mar which was secondarily evacuated when that zone was overcome by smoke. NMCSD converted a minimally equipped ward into a fully operational and staffed unit with 3 hours of notification. Naval Hospital Twenty-nine Palms provided 16 staff members to supplement the care of the nursing home patients.

Additionally, NMCSD accepted 10 patients from Pomerado Hospital in Escondido and is currently providing housing for 33 staff and families at the hospital.

The service was excellent. Plenty of space, food, and even a large-screen TV that allowed the evacuees to keep up with the latest conditions surrounding their homes.

"People came here for help and we simply provided for them," said HMCS(FMF/NAC) Trevor Dallas-Orr, Special Projects Officer for the Command Master Chief, who oversaw the temporary evacuation site.

Other examples of NMCSD contributing to the community included: primary care and preventive medicine services at seven locations for an estimated 2,601 displaced personnel, replenished medical supplies for dozens of people who evacuated their homes without the necessary medications, 89 persons supported on board NMCSD, a donation of 12 wheelchairs to Qualcomm Stadium shelter, and 11 wounded warriors who volunteered and participated by handing out hot lunches at the same location.

–Story by MC2 (AW) Greg Mitchell

San Diego. More than 380 military families in San Diego County and the surrounding area take refuge at the Naval Air Station North Island gymnasium. 23 October. Photo by MC2 Mark A. Leonesio, USN

San Diego. Victims of the San Diego wildfires move personal items and pets into a 500-person tent camp on Turner Field at Naval Amphibious Base Coronado. The tent was built as emergency shelter for victims of the San Diego wildfires. 23 October. Photo by MC3 Brian Morales, USN

San Diego. LT Jane Scribner, a medical officer attached to amphibious transport dock USS *Cleveland* (LPD-7), assists a patient at an evacuation center located in the San Diego High School gymnasium. 24 October. Photo by MC2 George Labidou, USN

NHCP Supports Fire Evacuated Marines, Families

Naval Hospital Camp Pendleton (NHCP) mobilized its staff over 3 days to support Marines, sailors, and their families affected by two wildfires aboard the base.

Shortly after the fires broke out, base officials had to evacuate an on-base housing area and a training area. To care for the 800 displaced families and almost 4,000 evacuated Marines, three of the hospital's branch medical clinics went to 24-hour service. The hospital also expanded bed capacity to care for civilians with medical needs and not able to go to an evacuation center.

One of the branch clinics had to relocate late Tuesday night and move to the northern end of the base along with the families from the housing area. "We changed from providing medical care to evacuees and became evacuees ourselves," said LCDR Troy Handojo, MC. "The staff never missed a beat. We packed up in the middle of the night, moved, set up a temporary clinic, and continued to provide medical care," said Handojo

The hospital's Preventive Medicine's 11 staff members conducted visits at the evacuation sites every 6 hours, 24-hours a day to provide immediate response to any public health concerns.

"We look at overall sanitation conditions, the availability of safe drinking water, food, proper trash disposal and adequate restroom facilities," said HMC Mikel Alford.

A few local civilians received housing and medical care during the crisis. While visiting one of the evacuation centers, CAPT C. Forrest Faison, CO, was thanked by an elderly lady with tears running down her face for the care she had received.

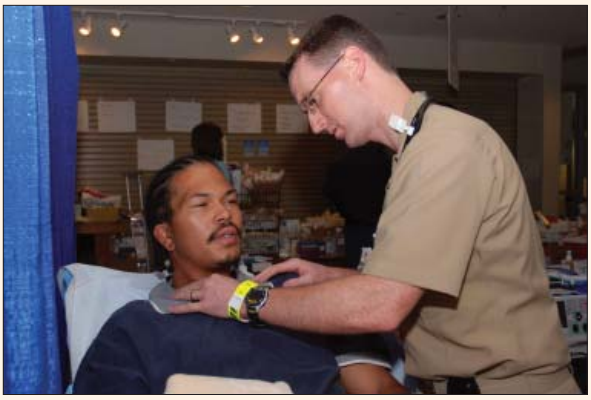
"The lady was a local civilian with no military ties and no family," said Faison. "She had lost her home and all her possessions and had nowhere else to go. She had some significant medical issues but was unable to reach her physician. Our providers treated her with the compassion and dignity as they would a member of their own family. I'm proud of them beyond words."

Many of the hospital's staff lost childcare arrangements and their family care plans failed because of the wildfires. To allow them to continue to come to work, the hospital stood up a temporary daycare manned by staff volunteers, spouses, and a licensed childcare provider sent to assist by Marine Corps Community Services.

NHCP sent a mental health team to two of the evacuation centers to help individuals and families cope with the stress of personal loss and displacement.

In addition, four physicians and four nurses were sent to Naval Medical Center San Diego to support their increased patient load due to the wildfires.

–Story by Douglas W. Allen, Public Affairs, NHCP.



Qualcomm Stadium, San Diego. LCDR Alex Minter, MC, checks the collarbone of an evacuee for possible fractures. NMCSD personnel provided medical treatment and assistance to community evacuees. Photo by MC2(AW) Greg Mitchell, USN

Coronado, CA. Crew members aboard a MH-60S Seahawk helicopter activate a release button, dumping 420 gallons of water below them on a burning target. 23 October. Photo by MC3 Dustin Kelling, USN

Free voluntary flu vaccine was made available for all service members and on base evacuees. RADM Christine Hunter, CO, commented, "We want to take this opportunity to provide help in any way we can. The fires have reminded the people of San Diego about the importance of respiratory health and we hope to use this outreach effort to prevent outbreaks of respiratory illness this fall and winter."

San Diego. RADM Christine S. Hunter receives a flu vaccination. Photo by MC3 Alexander Ameen, USN

Similar efforts to immunize against the flu were being offered for those sheltering aboard Naval Base Coronado (Naval Air Station North Island and Naval Amphibious Base), Marine Corps Recruit Depot and Naval Base Point Loma.

Naval Hospital Bremerton Emergency Room Reopened

With patient's care and needs of top priority, Naval Hospital Bremerton reopened its emergency room on 10 September. The actual transfer of patient services, including ambulance arrival, took place a day later. The emergency room remodeling project took approximately 8 months to complete at a cost of $2.6 million. The renovation has completely enhanced the capability of the emergency room. Patient rooms have increased from 11 to 14. There is also more triage space, improved flow through the department with better line of sight to patients, increased privacy, and a separate decontamination area.

"This is a state-of-the-art project that was completely designed with our patients in mind," said CAPT Catherine A. Wilson, NHB CO. "We had a great team who diligently worked to make this happen. This is another example why we are the best family medicine teaching hospital in the Navy and dedicated to giving great care to our patients."

–Story by Douglas H. Stutz, NHB Public Affairs.

CDR Elizabeth Engelman, ER project remodeling coordinator, shows the newly renovated and remodeled Emergency Room to Kitsap *Sun* reporter Ed Friedrich.
Photo by Douglas H. Stutz

Navy Doctor to Study Abroad in Kenya

When LT Greg Rochfort joined the Navy through the Health Professions Scholarship Program in 1999, he saw it as an opportunity to defray the cost of his education and pursue a non-traditional career path in the medical field. He also knew it would mean the opportunity to study abroad and test his medical skills without all the technological and resource advantages of the Western World. On 24 September, Rochfort took advantage of that opportunity when he traveled to Nairobi, Kenya to take an International Health Elective that will fulfill community medicine requirements for General Medical Education training.

"This is an opportunity to see the medical system in a developing country and see much more advanced pathology than we typically see in the United States," said Rochfort, who spent a month working in a hospital just outside Nairobi when he was in medical school in 2003 and another 2 weeks performing medical missions in Ghana in 2005. "It's also an opportunity to stretch my skills in ways we really never have in the U.S. because they have much less in the way of resources and have to make do with a very austere set of tools."

Rochfort will spend the month in Kenya at Tenwek Hospital, one of the largest mission hospitals in Africa, providing primary healthcare to 600,000 Kipsigis people within a 32-kilometer radius. Tenwek, though off the beaten path, has virtually every department of any large hospital in America and handles medical and surgical conditions of all types, inpatient and outpatient.

Although the focus of service at Tenwek is serving Africans, the hospital serves to educate volunteers from overseas such as Rochfort, who knows he has plenty to do in the 308-bed facility. This challenge falls right in line with why Rochfort chose to be a doctor in the first place.

"Medicine was my choice because it is constantly changing and as clichéd as it sounds, it's a great way to actually help people when they most need it. Being in the Navy enhances that as well because it offers such a greater variety of opportunities than medicine in the civilian world, such as this elective at Tenwek." he commented.

Rochfort finishes his residency at Naval Hospital Camp Pendleton next June with a follow-up assignment to be chosen in January.

–Story by MC1(SW/AW) John Osborne, CJTF-HOA Public Affairs.

Medical Personnel Relieve Sailors, Take Charge of Surgical Facility

The arrival of 2nd Supply Battalion, 2nd Marine Logistics Group (Forward), brought the medical personnel at Taqaddum's surgical facility just what the doctor ordered: replacements.

Less than 2 weeks later, those incoming sailors took full control of the facility.

"We'll be using skills we don't usually use back in the mainland," said LCDR Steve D. Hoag, a family physician with Taqaddum Surgical Detachment, 2nd Supply Battalion, 2nd MLG (Fwd). "It's a great time to learn and grow physically, mentally, spiritually, and professionally."

"They're getting better care here than probably a lot of places back in the states," Hoag explained. "Hopefully that allows them to do their job with more comfort, knowing they can be patched up quickly."

The outgoing personnel provided this reassurance to service members for approximately 7 months. With the arrival

CDR John Manning works on his computer at the Taqaddum Surgical Facility. Photo by CPL Andrew Kalwitz, USMC

of the new group, they found themselves on the receiving end of such relief as they redeployed less than a week later.

Now, without the guidance of the redeployed sailors, the new medical staff hopes to be just as proficient at taking on their mission. HM3 Marcus K. Billingsley explained this responsibility, which he said is of immeasurable importance. "We provide medical care to the sick and the wounded, whether it's enemies or allies," he said proudly. "If they didn't have medical care here, there would be a lot of untreated casualties."

Many of the new medical staff have had this experience before, which may prove to be beneficial in the coming months. One sailor even served as a soldier in the U.S. Army for 8 years as a combat medical specialist. She is now a lab technician with the detachment and has deployed to Cuba, Panama, Haiti, Korea, Japan, and Saudi Arabia during Operations Desert Shield and Storm.

"This deployment is a lot better than most deployments," said HM2 Tara M. McKnabb. "It makes me proud that I can be a part of this."

The medical staff's involvement will range from treating service members with illnesses or work-related injuries to treating everything from combat injuries to mass casualties from the local area, as the redeployed sailors did last February when a truck bomb killed dozens and injured many more. Though violence in the area has greatly declined since then, the staff said they have prepared to take on any task.

With an entire deployment ahead, HN John J. Williams explained there is much to be excited about. "It makes me feel anxious because I know I'm going to have a lot of experiences," he said. "I look forward to helping the kids and the residential population." But Williams said there is even more to look forward to as they follow a tough act from the redeployed medical staff.

"Each group that comes through here continues to improve," said Williams. "We're going to continue to build on the previous group's success."

–Story by CPL Andrew Kalwitz, 2nd Marine Logistics Group, Al Taqaddum, Iraq.

NHB Corpsman Helps Handle an Abrupt Delivery

The unexpected dropped in on HM3 Marshall R. Smith during his 8-hour duty shift … literally so, in the early hours of Friday morning 17 August, and figuratively so at 7 pounds, 6 ounces.

Smith had just finished updating Naval Hospital Bremerton's Admission's "Gains and Losses" log at approximately 1:45 AM, when he heard SGT Ysabel Meek, USA, screaming down and around the hall from his first floor Admissions office at NHB. Meek was on a short walk from the labor and delivery ward, Northwest Beginnings, to help induce labor. The walk did the trick.

"When I came around the corner, SGT Meek was leaning against the wall, in obvious labored breathing, and my training just automatically kicked in to help her," said Smith. "She said that the baby was coming right now, and had started to drop. I was lowering her to a safe position on the floor as the head and shoulder came out. I was just glad I was there to help"

Smith's on-time assistance was immediately followed by staff of Northwest Beginnings, who then handled the rest, yet it was Smith's timely intervention that drew congratulatory praise for his quick-thinking and action. As soon as CAPT Catherine A. Wilson, NHB Commanding Officer, was made aware of his exploits, she headed down to give her personal thanks and present Smith with her personal command coin.

"An amazing thing about his helping out is that HM3 Smith had his working whites uniform on, and didn't get a spot on it during the entire process!" noted CAPT Wilson.

Smith said he was ready to use his uniform top to wrap the baby in but it wasn't needed and during the actually delivery, he said he felt like he was in the traditional quarterback position taking the hike from center before dropping back to pass. He not only helped with the delivery, but also assisted with admitting new mom and baby, both of whom are doing quite well.

"I feel like a super-corpsman now!" Smith exclaimed.

"I think it's an incredible display of acumen," stated CDR Ed Bates, Acute Care Nursing Department head. "HM3 Smith is a superstar and demonstrated great skill and clear thinking."

–Story by Douglas H. Stutz, Naval Hospital Bremerton Public Affairs.

First Twin Grads from Navy Nurse Officer Program

Jerry and Terry Brown like to do things together. After all, they were born together. So it only makes sense that the twin brothers would join the Navy together, be assigned together at their first duty station, go through college together, and be commissioned here together as Navy Nurse Corps officers.

ENS Jerry and ENS Terry Brown are the sons of Tom and Colleen "CoCo" Brown. Tom is a farmer as well as a construction business owner, and CoCo owns a gift shop.

The new Navy nurses are the first twins to graduate from the Navy's Medical Enlisted Commissioning Program, or MECP. MECP allows enlisted personnel to earn a nursing degree and be commissioned as an ensign. They completed their bachelor's degree in nursing, graduating in August from Old Dominion University in Norfolk, VA. The Naval School of Health Sciences provides administrative oversight for the MECP program.

The Browns both chose the Navy nursing field because of the opportunity to serve others. "I chose nursing because it was the best way for me to provide the greatest patient care," Jerry said. "I always felt I could do more for the Navy, military members, family members, and myself as a Nurse Corps officer."

For Terry, "becoming a Nurse Corps officer was a long-term goal when I enlisted in the Navy," he described. "I have a strong desire to become a talented and caring nurse. I believe that nursing is the backbone of medicine with many opportunities to enhance both learning and teaching."

Jerry and Terry Brown are two of six children. There are three boys and three girls. The twins are the two youngest. They are the first of the Brown family to graduate from college. Both Jerry and Terry completed their prerequisite college classes via the Navy's Tuition Assistance Program, which covers 100 percent of tuition. The Montgomery GI Bill covered the Old Dominion costs, including tuition, books, uniforms, and parking fees.

Sailors often attend several junior colleges and universities during their off duty time at various duty assignment locations when preparing for the MECP or other Navy college education programs. Such was the case for the Browns. "I used tuition assistance to complete most of my prerequisites and also earn an associate's degree as a physical therapy assistant in 2001 from Gateway Technical College in Kenosha, WI." Jerry said. "I also attended Park University out of Parkville, MO, while stationed in Corpus Christi, TX, via distance learning; Tidewater Community College in Chesapeake, VA; American Intercontinental University on-line; and Norfolk State University in Norfolk, VA."

Terry entered Old Dominion already holding a bachelor's degree in liberal arts earned during off-duty hours from Excelsior College in Albany, NY. "I used the Navy's tuition assistance program and took night classes from Park College in Corpus Christi, TX; Pensacola Junior College in Pensacola, FL; and Tidewater Community College in Portsmouth."

Photo courtesy NSHS Portsmouth Public Affairs

The twins served as enlisted hospital corpsmen for 10 years prior to entering Old Dominion in August 2005. Jerry served as a physical therapy technician at Great Lakes Naval Hospital and at the Naval Medical Center Portsmouth, VA. Terry served as an ophthalmic surgical technical technician at Naval Hospital Pensacola, FL, and with Jerry at the Naval Medical Center Portsmouth.

The new Navy nurses are en route to their new duty assignments. ENS Jerry Brown will be stationed at the Navy's Ambulatory Care Clinic at Great Lakes, IL. ENS Terry Brown will be stationed at the Naval Hospital Camp Lejeune, NC.

–Story by LCDR Shari Kennedy, NSHS Portsmouth Public Affairs.

Military Order of the Purple Heart Pays Tribute to Military Nurses

A ceremony honoring nurses who served with our nation's armed forces was held at Arlington National Cemetery on Friday, 7 September.

The Military Order of the Purple Heart (MOPH) hosted the event in Section 21, the Nurses' section, of Arlington National Cemetery. The commemoration was open to the public. Among the many attendees were several members of MOPH and Navy Nurse Corps officers participating in the Nurse Intern Program from the National Naval Medical Center Bethesda.

"On this site, 653 nurses are buried at our nation's most sacred shrine. These men and women served in the Army, Navy, Air Force, and many were civilian contract nurses. Each one of them left their hometown to dedicate their lives in the care of our injured servicemen and women," said CAPT Kathleen Pierce, Deputy Director Navy Nurse Corps.

Henry Cook, National Commander of MOPH, shared his belief that nurses provide not just physical care, but provide spiritual strength to those they care for.

"It is always tough to think of what to say when I come to this place. You are not just nurses, you are angels," said Henry Cook, National Commander of MOPH. "At the time, many years ago, on my first medical evacuation flight, as I was loaded on as a patient, they told me that it was a nurse who was taking care of me, but it did not believe that. It was a gift from heaven that was sent to take care of me."

A red, white, and blue flowered wreath was placed in front of granite statue of a nurse as a sign of thankfulness and gratitude for the nurses who have given their lives to provide medical care to the injured.

"It has been an honor to be here and on behalf of the Navy Nurse Corps, I want to thank the Military Order of the Purple Heart of their tireless service to those who have sacrificed so much in defense of our freedom. Thank you," Pierce concluded.

Pierce was one of three guest speakers at the commemoration. MGEN Deborah C. Wheeling, Deputy Surgeon General for the Army National Guard; and BGEN Jannette Young, Air National Guard Assistant to the Air Force Assistant Surgeon General, Medical Force Development and Nursing Services, also spoke at the event. Each speaker provided testimonies of fallen nurses who dedicated their lives in medical service to our forces.

The profession of Navy nursing is essential to the military mission. The Navy Nurse Corps' top priority is to provide the best quality healthcare for our sailors and Marines and our beneficiaries. Navy nursing is the profession of choice and filled with unlimited opportunities. The Navy Nurse Corps has a proud and rich history of service excellence—99 years and counting.

–Story by Christine A. Mahoney, BUMED Public Affairs.

Marines Honor Two Navy Corpsmen

The Marine Corps honored two Navy corpsmen with the Navy and Marine Corps Achievement Medal (with combat distinguishing device) for their service while deployed to Iraq. On behalf of the Marines, RADM Thomas Cullison, former Commander, Naval Medical Center Portsmouth, presented the medals in a ceremony at the hospital.

The citations, signed on behalf of the Secretary of the Navy by MGEN Richard C. Zilmer, Commanding General, 1 Marine Expeditionary Force (Forward), recognize the heroic achievement in each sailor's superior performance while serving as an individual augmentee—or "doc"—to the Marines in Iraq.

HM3(FMF) Royce A. Ross served as Platoon Corpsman with Mobile Assault Platoon 3, Weapons Company, 2d Battalion, 8th Marine Regiment, Regimental Combat Team 6, Marine Expeditionary Force (Forward) from August 2006 to February 2007. The citation recognizes his actions in saving an Iraqi child who had fallen from a three-story building in Al Karmah and subsequently getting her safely to medical facilities.

Ross' citation reads, "On 5 December, after his vehicle struck an improvised explosive device, Petty Officer Ross evaluated and treated the Marines of his vehicle despite being injured himself. He consistently placed the needs of both Marine and Iraqi patients above his own and delivered quality medical care under extreme circumstances."

HM3 Royce Ross (L) and HM3 John Scott. Photo by MCSN James Holcroft, USN

Ross said, "When my truck was hit by an improvised explosive device I received a grade 1 concussion. Many others were injured much worse than I was."

HM3(FMF) John E. Scott served as corpsman, 2d Platoon, Company E, 2d Battalion, 8th Marine Regiment, Regimental Combat Team 7, 1 Marine Expeditionary Force (Forward) from July to December 2006. Scott participated in more than 150 combat patrols and other counterinsurgency missions in and around the cities of Rawah, Anah, and Reyanah, Iraq.

Scott's citation reads, "On multiple occasions, Hospitalman Scott treated severely wounded patients resulting from enemy action to include Marines, Iraqi Security Forces and local nationals. In each instance, he responded quickly, effectively and calmly while applying the appropriate treatment for the wound. His attention to his patients, regardless of affiliation and security situation, was exceptional and always resulted in the preservation of life and limb."

At the ceremony, Cullison said, "We have two heroes in our midst today. They took care of Marines and took care of people in harm's way and excelled at it. They deserve our admiration."

–Story by Deborah R. Kallgren, NMC Portsmouth Public Affairs.

3rd Medical Battalion Reunion May 2008

The next reunion of the 3rd Medical Battalion will take place in Charleston, SC, starting 1 May 2008.

Friday, 2 May, the program promises to be one you will never forget. Vietnam Veteran and former POW Porter A. Halyburton will be out guest speaker.

Full schedule, hotel info, tours, and registration information to follow. For additional details please contact Al Naar at e-mail: naarman@msn.com (put "3rd Med Reunion" in subject) or mail to: Al Naar, 3 Gooseneck Cove, Newport, RI 02840

NEHC Hosts Tri-Services Environmental Risk Assessment Work Group

The Navy Environmental Health Center (NEHC) played host to the Tri-Services Environmental Risk Assessment Work Group 28-29 August.

The working group brings together scientists from each of the three services to coordinate and better align ecological and human health risk assessments across Department of Defense (DOD) sites worldwide.

Health risk assessments are a cornerstone of the environmental remediation process and are used to help develop cleanup plans that ensure a safe environment. Through close interaction with academia, regulatory agencies, and DOD, the group acts as a conduit to provide member organizations with the latest technical information and regulatory activity pertinent to the risk assessments.

Representatives from various organizations within DOD participated in the meeting. Most notably, Mr. Paul Yaroschak from the Office of the Secretary of Defense (OSD) discussed DOD-wide strategies for assessing emerging contaminants in risk assessments at DOD sites.

"The presenters all did a stellar job of offering thought-provoking discussions on cutting-edge risk assessment topics," said Vera Wang, Risk Assessment division head, Navy Environmental Health Center. "This was an excellent venue for information exchange between the services and the Environmental Protection Agency."

Subject matter experts from organizations, including the Environmental Protection Agency, were on hand to address a wide array of topics ranging from vapor intrusion guidance to identification of appropriate toxicity values used in the risk assessment evaluations.

Ms. Sandy Martinez, Fulton Communications, discusses risk communication techniques. Photo by Melissa Forrest

All in the Family: LCDR Angelia W. Thompson, NC, USNR (R) (BUMED) and her daughter ENS Sarah J. Thompson, NC, USNR (NMC Portsmouth). ENS Thompson was commissioned in May 2006 and her mother in 1996. Photo courtesy of LCDR Angelia Thompson

Naval Dental Clinic Achieves Milestone

Naval Medical Center San Diego (NMCSD) is proud to recognize the U.S. Marine Corps Recruit Depot San Diego (MCRD) Branch Dental Clinic for setting a high standard and providing the finest comprehensive dental care to our newest service members. MCRD's D company is the 400th consecutive class to graduate with better than 95 percent operational dental readiness.

"This is an incredible accomplishment for the Navy and Marine Corps Team, NMCSD, and the Directorate for Dental Services. It is an honor to be able to provide the highest quality dental services to our newest service members," said CDR Timothy Tinker, Department Head, MCRD Branch Dental Clinic.

MCRD Dental Clinic is part of the Directorate for Dental Services and has a staff of 25 dentists, four dental hygienists, and 80 auxiliary personnel. The clinic serves more than 1,500 patients a week and provides $20 million worth of dental services annually.

–By Sonja Hanson, Naval Medical Center San Diego Public Affairs.

The *Hospital Corps Monthly* newsletter is now available electronically. To have your personal copy delivered to your mailbox please contact:

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Command Change at Naval Medical Center Portsmouth

RDML Matthew Nathan assumes command of NMCP from RADM Thomas Cullison. Photo by HM1 Daniel Benton, USN

RDML Matthew L. Nathan became the 71st commander of Naval Medical Center Portsmouth in a Change of Command ceremony 25 October. He also will serve as commander of Navy Medicine East, which includes 14 naval hospitals and their clinics. VADM Adam M. Robinson Jr., Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery, was the featured speaker at the ceremony.

Nathan relieved RADM Thomas R. Cullison, who had commanded the Naval Medical Center since December 2005.

Nathan is already familiar with NMCP. He previously served as NMCP's deputy commander from 2002 to 2004. An internal medicine specialist, he most recently served as Fleet Surgeon, U.S. Fleet Forces Command in Norfolk.

"He is the consummate leader and communicator," said Robinson of Nathan. "Admiral Nathan, you are a great leader and we know that. The future of Portsmouth is secure."

"I'm so proud to once again be part of this great command…this great family," said Nathan. "We are pivotal to the success of the military mission. We are in the hope business. Today, I am honored and privileged to serve with you."

Nathan joked that he can't blame any problems on his predecessor, because that is his new boss. Cullison's new assignment is Deputy Chief, Bureau of Medicine and Surgery and Deputy Surgeon General of the Navy in Washington, DC, under VADM Robinson.

"Tom [Cullison] is a visionary leader. He has done a stellar job," said Robinson. "He's an outstanding role model for military medicine. That's why I'm bringing him to Washington with me."

RADM Thomas Cullison receives his flag from CMC Sherman Boss. Photo by MCSN James Holcroft, USN

HM2 Charles Luke Milam, 26, of Littleton, CO, died 25 September while conducting combat operations in Helmand Province, Afghanistan. Milam was assigned to 2nd Marine Special Operations Battalion, Camp Lejeune, NC.

HM3 Mark R. Cannon, 31, of Lubbock, TX, died 2 October while conducting combat operations in Kunar Province, Afghanistan. Cannon was assigned to the 3rd Marine Regiment, 3rd Marine Division, III Marine Expeditionary Force, Marine Corps Base HI.

New Force Master Chief

The Change of Charge Ceremony for the Office of the Force Master Chief and Director, Hospital Corps was conducted on 26 October 2007 in Memorial Auditorium at the National Naval Medical Center, Bethesda, MD.

VADM Robinson, Navy Surgeon General and Chief, BUMED, hosted the event in which Force Master Chief Robert Elliott officially turned over the duties to Command Master Chief Laura Martinez.

FORCM(FMF/SS/SW) Robert H. Elliott presents the Force Master Chief's Cutlass to incoming FORCM(FMF) Laura A. Martinez. Photo by NMSC Bethesda Med Photo

FORCM Martinez reported to BUMED from Field Medical Training Battalion, Camp Lejeune, NC, where she served as the Command Master Chief.

CMDCM Elliott has been selected as the Senior Enlisted Leader, Joint Task Force National Capital Region Medical under the command of VADM Matecczun.

CAPT Alton L. Stocks has been assigned as Fleet Surgeon, U.S. Fleet Forces Command, Norfolk, VA. Stocks was formerly assigned as Force Surgeon, U.S. Naval Forces Europe, Naples, Italy.

Taking Flak Through a Flak Jacket

William Weise volunteered for duty in Vietnam while still stationed in Korea in 1967. A week before arriving in Vietnam in October 1967, he was promoted to lieutenant colonel and assigned to the 3rd Marine Division. Less than 2 weeks later, he took command of BLT (Battalion Landing Team) 2nd Battalion, 4th Marines. "At the time I was about 50 miles below the DMZ visiting a battalion that was on an operation when I got orders in the middle of the night to get up there and take command." Weise retained that command until 2 May 1968 when he was critically wounded during the Battle of Dai Do.

Dai Do, named for a village complex, was located south of the DMZ near the Cua Viet River. The battle began on 27 April when Weise's 2nd Battalion surprised a much larger force of North Vietnamese regulars heading south from the DMZ. The NVA's move was threatening Dong Ha, the headquarters of the 3rd Marine Division. For the next 3 days, 2nd Battalion engaged the enemy in a series of fierce firefights. Because NVA soldiers had dug themselves into camouflaged one-person holes called "spider holes" plus trenches and even abandoned buildings, the Marines were forced to dislodge them at great cost.

In the late afternoon of 2 May, after days of brutal and often hand-to-hand fighting, LCOL Weise was seriously wounded. After taking shelter in a trench with several of his men, his sergeant major was killed and both his radio operators wounded. Moments later, as Weise continued firing his M16 at the enemy, an AK-47 round ripped through his flak jacket. The round punctured his lower left side and lodged between his fourth and fifth vertebrae, dangerously close to his spinal cord. With both legs temporarily paralyzed and bleeding from several other shrapnel wounds, he was in no condition to continue the fight.

CAPT J. R. Vargas, commander of Golf Company, managed to drag his superior about 50 meters out of the line of fire as the enemy began to overrun the position. Others then assisted Weise back to Dai Do where corpsmen administered basic first aid. They then placed him and other wounded aboard amphibian tractors for transportation to the nearby Cua Viet River. Gentle hands then transferred the wounded aboard "skimmers"—outboard motor-powered craft—for a 9-kilometer trip downriver to a secure helicopter landing zone out of enemy range.

*"This is where the wounded got their first real medical treatment other than what the corpsmen could do," Weise recalls. At this point, physicians and corpsmen performed triage and stabilized the casualties. "They stopped the bleeding, splinted obvious fractures, and, when necessary, pushed the intestines back in." In Weise's case, the medical personnel administered an IV of serum albumin, a scene captured by a civilian photographer.**

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*GEN Weise recalls one of the photographers taking the picture without his permission. "I had told him not to but he took it anyway. I told one my sergeants, 'Take that damn camera away and rip the film out.' The photographer was very apologetic. 'I'm sorry, sir. Please don't do that. I promise I won't show that to anyone.'" Despite that promise, the photo was published in several newspapers, including the *Philadelphia Inquirer*. Philadelphia was Weise's hometown.

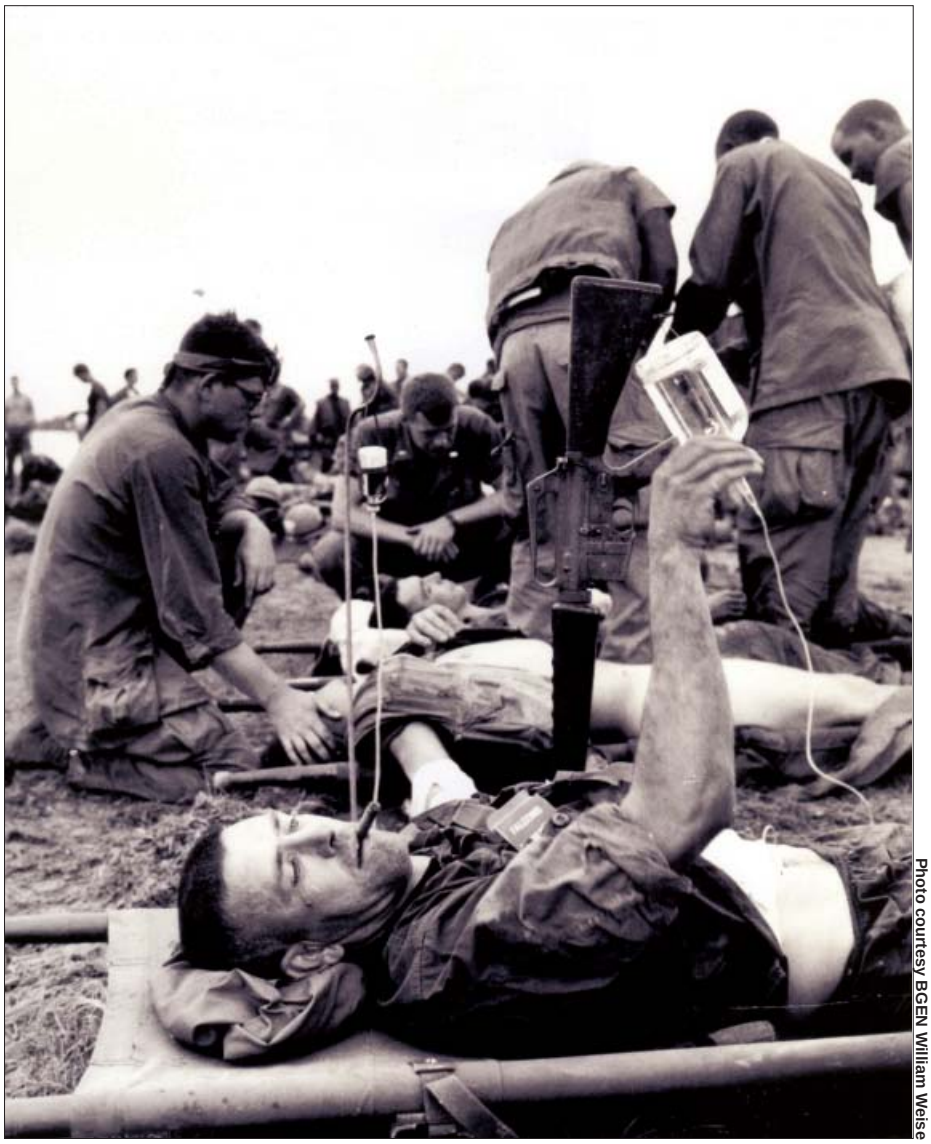

Photo courtesy BGEN William Weise

LCOL Weise, now stabilized for his wounds, awaits evacuation at a triage station near Dai Do. Navy physician LT Runas Powers (second from right) aids other casualties.

All my corpsmen were just terrific. They saved a lot of lives. We had 297 medevacs and 81 KIAs in that 3-day battle, including corpsmen. But we considered our corpsmen Marines anyhow. In fact, some of the best Marines I had were Navy corpsmen.

All casualties were initially taken out to *Iwo Jima* until their facilities were filled, and then they moved them to the hospital ship or to Able Med at Dong Ha. The reason for transferring them to *Iwo Jima* was because she was the flagship of the Special Landing Force and that's where my battalion rear was located—my headquarters. I stayed in that sick bay until we arrived in the Philippines.

When I first arrived in sick bay, the staff took an x-ray, found where the bullet was lodged, removed it, and stuffed the path it had made with gauze to keep it open and draining and prevent infection. When they removed the gauze a few weeks, it healed up pretty nicely. As soon as that bullet came out, I had feeling in my legs again and was up and walking within a couple of weeks. I wasn't supposed to—but I did. A year later, I was as good as I ever was.

William Weise received the Navy Cross and two Purple Hearts for his action in the Battle of Dai Do. He retired from the Marine Corps in 1982 as a brigadier general after 31 years service, and resides in Alexandria, VA.

In Memoriam

CAPT Clarence William Cote, NC, one of the first male nurses in the Navy, died on 23 September 2007. He was 73.

CAPT Cote's career did not begin in the Nurse Corps. Cote enlisted in the Navy in 1951 as a hospital corpsman. During the peak years of the Korean War he served with the 1st Marine Division. Later he served aboard the battleships USS *Iowa* (BB-61) and USS *New Jersey* ((BB-62).

In 1956, Cote left the Navy with an honorable discharge and attended Siena College, Loudenville, NY, and Utica State Hospital School of Nursing, Utica, NY, graduating in 1960. After completing his degrees, he joined the Air Force and served as a second lieutenant in the Nurse Corps serving at Wilford Hall, San Antonio, TX, and at Westover Air Force Base, Chicopee, MA.

The year 1965 was a watershed year for Navy Nurse Corps and Clarence Cote. In January 1965, the Navy announced that it would accept male nurses into the Nurse Corps and men pursuing nursing degrees could now apply for the Navy Nurse Corps Candidate Program. In August 1965, George M. Silver would obtain a commission as reserve Navy Nurse, becoming the very first to do so. That same year Cote obtained an inter-service transfer to the Navy Reserves.

In 1966, Cote graduated from the (former) Women Officers School in Newport, RI, he served as staff nurse at National Naval Medical Center, Bethesda, MD, from 1966-1968, and at Naval Hospital Guam from 1968-1970. In 1971, having received a Bachelor of Science degree from Syracuse University, NY, he served as an instructor at Naval Hospital Corps School, Great Lakes, IL.

CAPT Cote became a Nursing Supervisor at Naval Regional Medical Center, Newport, RI, in 1975 and in 1979 reported to Officer Indoctrination School, Naval Education and Training Command, Newport, where he was the Nurse Corps Program Coordinator until 1983.

Clarence Cote was promoted to the rank of captain in 1983. He would later serve as commanding officer at Naval Hospital Guantanamo Bay, Cuba and Naval Hospital Long Beach, CA. In some respects his career full-circled when he served at the Naval Hospital Corps School in Great Lakes, IL. He retired from the Navy in 1992.

CAPT Cote's awards include the Purple Heart, Meritorious Service Medal, Navy Commendation Medal, Korean Service Medal, Overseas Service Medal, Untied Nations Medal, Navy Unit Commendation Medal, National Defense Service Medal, Air Force Outstanding Unit Award Medal, Navy Good Conduct Medal, Legion of Merit, and Expert Pistol Medal.

Frank D. Snyder, Jr., died 25 August in Yulee, FL. He was 82. Snyder was a native of Honolulu, HI, and served as a hospital corpsman during World War II from 1942 until his honorable discharge in 1945. One of the most significant points in his life was when at the age of 18 he was a member of the first wave to land and fight on Omaha Beach during the Normandy Invasion in June 1944. He was a member of the U.S. 6th Naval Beach Battalion, which was a specialized unit attached to the U.S. Army 5th Engineer's Brigade. His unit was awarded the Bronze Service Arrowhead, the Croix de Guerre with Palm by the provisional government of France, and the Presidential Unit Citation for heroism in 2000 by the U.S. Army.

After the war, Snyder had a career as a medical technologist, working for 30 years in the laboratory, X-ray, and blood bank at Humphries Memorial Hospital (now Baptist Medical Center Nassau). He also served there as assistant hospital administrator. He later worked part-time for Methodist Hospital in Jacksonville in the pathology department and retired in 1992. Mr. Snyder's experiences as a member of the 6th Naval Beach Battalion were highlighted in the Navy Medical Department's video production, *Navy Medicine at Normandy: June 6th, 1944*, released in 2001.

COL Melvin H. Rosen, USA (Ret.) died 1 August 2007 at his home in Falls Church, VA. He was 89. COL Rosen was born in Gloucester, MA, 8 June 1918. He attended Gloucester High School, and graduated as class valedictorian in 1935. Gloucester High had a 4-year Junior ROTC program, in which he participated. He was much impressed with his ROTC training and served as a cadet captain and company commander. Following high school, he was awarded a full-tuition academic scholarship to the Massachusetts Institute of Technology where he enrolled in Aeronautical Engineering in 1935. While at M.I.T., Rosen took a competitive examination for a congressional appointment to West Point and received a second alternate. His principal and first alternate both having failed to meet entrance requirements, he entered West Point with the class of 1940.

Upon graduation from the USMA in 1940, COL Rosen requested and received duty in the Field Artillery at Fort Stotsenburg, Philippine Islands. After attending the Basic Officers' Course at Fort Sill, OK, Rosen arrived at Fort Stotsenburg in January 1941 and was assigned to the Philippine Scouts (PS). He found magnificent Scout soldiers, and WWI and pre-WWI equipment.

As a second lieutenant, he organized and commanded "E" Battery, 2d Battalion, 88th FA of the Philippine Scouts. He was the only officer with the battery at that time. On 8 December 1941 (7 December in the United States), Rosen was a 1st lieutenant and the Assistant S-3 (Operations Officer) of the Provisional Field Artillery Brigade. The unit was under attack by the Japanese within hours after Pearl Harbor.

Rosen immediately found himself in combat. Eleven days later he was promoted to captain on the first battlefield promotion list of World War II, after having been a 1st lieutenant for 69 days. He later requested and received command of the battery that he had organized months earlier. He fought with this "E" Battery, 2d Battalion, 88th FA (PS) until Bataan was surrendered 9 April 1942. He then became a POW of the Japanese.

Following the surrender, Rosen made the notorious Death March. Later, he was sent to the Davao Penal Colony where he was kept for 2 1/2 years planting rice, weeding rice, harvesting rice, and lumberjacking. As the American forces pushed their offensive north, the Japanese moved most of the prisoners in Davao back to Luzon.

On 13 December 1944, the Japanese again moved a group of about 1,619 American POWs, including Rosen, north to Japan. This turned into the infamous "hell ships" trip. The *Oryoku Maru*, unmarked of course, was bombed and destroyed by U. S. Navy dive bombers. The survivors (Rosen among them) jumped off the burning and sinking ship and swam ashore. They were rounded up by the Japanese and later put aboard the *Enoura Maru*. This ship, also unmarked, was bombed and destroyed by Navy dive bombers in Takao Harbor, Formosa. The survivors were put on a third ship, the *Brazil Maru*. This ship arrived in Japan on 30 January 1945 with about 430 of the original 1,619 left alive. More died in the following months.

Rosen survived the "Bataan Death March, the three "Hell Ships," and 3 1/2 years of Japanese prison camps. When he arrived in Japan in January 1945, he weighed 40 kilos or 88 pounds. He was liberated from Inchon, Korea, in September 1945.

After the war, COL Rosen had a variety of assignments in the Field Artillery, serving in several overseas and domestic posts.

In 1956 COL Rosen took command of the 775th FA Battalion and Dolan Barracks in Schwabisch Hall, Germany. From there he went back to Fort Leavenworth for 4 years on the faculty of the Command and General Staff College. In 1961 he was promoted to colonel and received orders to attend the Army War College at Carlisle Barracks. During this period, he also completed a Masters Degree in International affairs from George Washington University, in Washington, DC. After graduation, he spent 3 years with the Defense Intelligence Agency at Arlington Hall Station.

COL Rosen then was assigned to Korea. On the 20th anniversary of the day he was liberated from a Japanese POW camp in Inchon, he took command of the area in which his former camp was located.

In Korea he commanded the 20th General Support Group and ASCOM District Command before returning to the U.S. in the fall of 1966 to be stationed at Fort Belvoir, VA, with the Combat Developments Command. COL Rosen retired from active duty in 1970.

COL Rosen was awarded the Silver Star, Legion of Merit with Oak Leaf Cluster, Bronze Star, Purple Heart with Oak Leaf Cluster, Army Commendation Medal, and numerous service medals including three from the Republic of the Philippines. He was also awarded three U.S. Presidential Unit Citations and a Philippine Presidential Unit Citation. In December 1990, the King of Norway, Olav V, awarded him the Saint Olav Medal and also awarded the same decoration to Mrs. Rosen. The medal is the highest given by the King to non-Norwegians.

COL Rosen's experiences as a POW were highlighted in the Navy Medical Department's video production, *Guests of the Emperor*, released in 2004.

Book Review

Bioethics and Armed Conflict: Moral Dilemmas of Medicine and War by Michael L. Gross. The MIT Press, Cambridge MA, 2006. 384 pages.

Current debate rages within the Congress regarding the tolerable limits of coercive interrogation and torture associated with armed conflict. Likewise, pundits within the media and in several widely read medical journals have condemned the alleged complicity of military healthcare professionals in these purportedly nefarious activities. These allegations make this tome of ethical analysis a pertinent starting point for consideration of moral issues affecting the contemporary practices of military medicine during war.

The book confronts multiple subjects of practical relevance. Some of these issues include: what patient rights must care givers actually respect, how best to distribute scarce material and health manpower resources, who among the wounded should receive priority within the triage process, and the contentious but related question of assigning military utility to certain casualties, as well as many other sensitive issues.

Professor Gross argues that medical ethics in times of armed conflict are not identical to those existent in times of peace, and that the entire range of moral decision making substantially changes in light of the exigencies of war. He repeatedly emphasizes that during war the traditional everyday principles of biomedical ethics must compete with the equally relevant and conflicting principles anchored in military necessity and national security, where the welfare of the individual has far less importance than the welfare of the state and the political community that the state protects. In his view, military necessity during armed conflict trumps the individual's right to life and self determination, as well as overall patient welfare. He advocates the position that physicians care for sick and wounded soldiers for reasons that differ from those that they invoke to treat other patients: while during peacetime medical workers care for ordinary patients with an end to restoring their health, they treat soldiers to preserve manpower and to protect the vitality of a collective fighting force.

Equally provocative is the thesis that medical contributions to interrogational torture may be morally defensible under conditions that offer the possibility of preventing egregious harm to others.

This tome was composed by neither a professional soldier nor physician, but a former conscript of the Israeli Defense Force and currently Professor of Applied and Professional Ethics in International Relations at the University of Haifa, Israel. If one is motivated to comprehend the ethical dilemmas currently being debated and dissected in military medicine, even if one possesses a differing perspective, this book is a meaningful starting point for further study and discussion.

CAPT Arthur M. Smith, MC, USNR (Ret.) is Professor of Surgery (Urology) at the Medical College of Georgia, Augusta, GA, and Adjunct Professor of Surgery, and Adjunct Professor of Military and Emergency Medicine at the Uniformed Services University of the Health Sciences.

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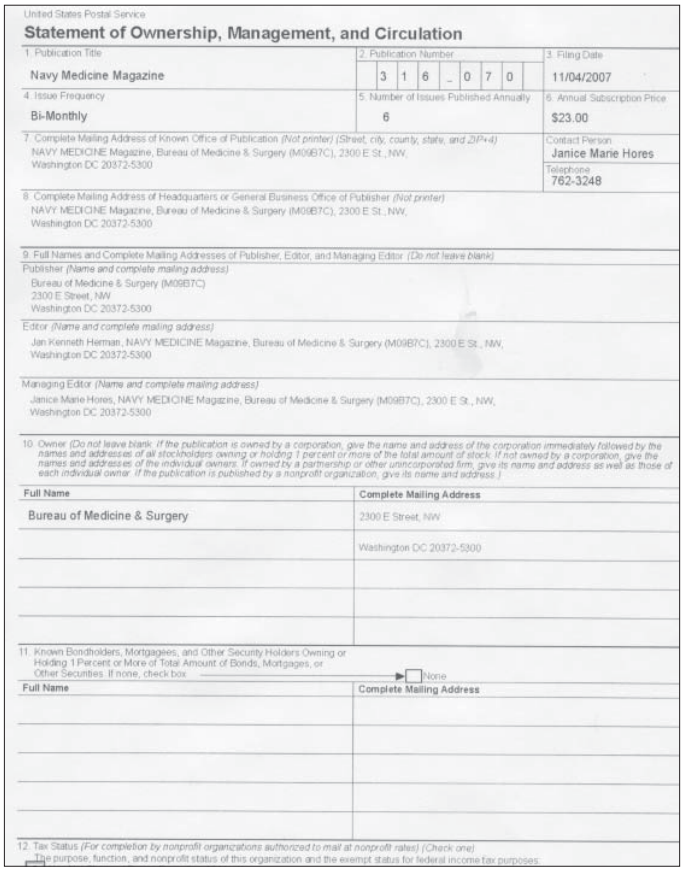

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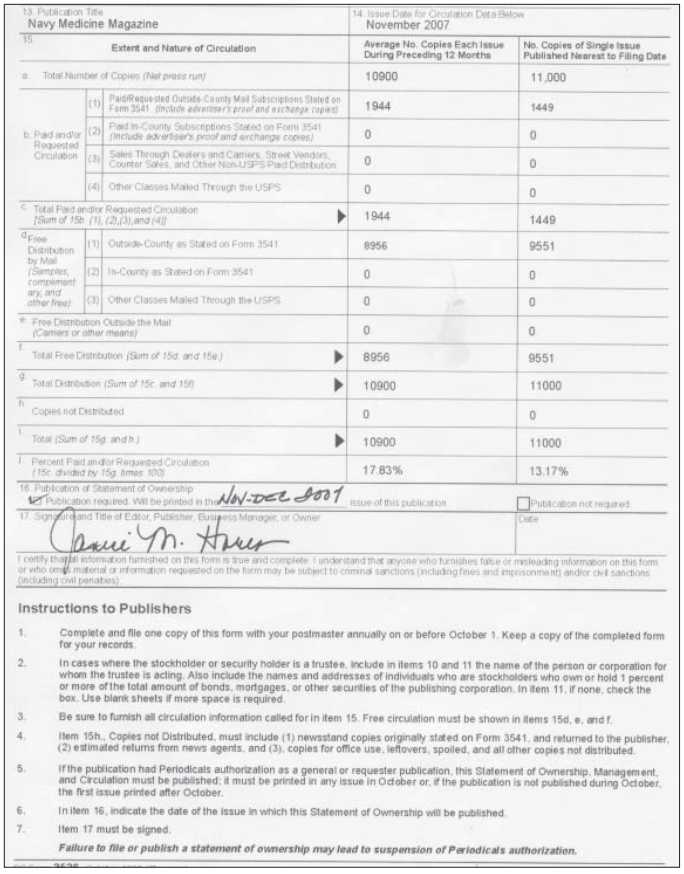

13. Publication Title: Navy Medicine Magazine	14. Issue Date for Circulation Data Below: November 2007	
15. Extent and Nature of Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies *(Net press run)*	10900	11,000
b. Paid and/or Requested Circulation (1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. *(Include advertiser's proof and exchange copies)*	1944	1449
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c. Total Paid and/or Requested Circulation *[Sum of 15b. (1), (2),(3),and (4)]*	1944	1449
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e. Free Distribution Outside the Mail *(Carriers or other means)*	0	0
f. Total Free Distribution *(Sum of 15d. and 15e.)*	8956	9551
g. Total Distribution *(Sum of 15c. and 15f)*	10900	11000
h. Copies not Distributed	0	0
i. Total *(Sum of 15g. and h.)*	10900	11000
j. Percent Paid and/or Requested Circulation *(15c. divided by 15g. times 100)*	17.83%	13.17%

16. Publication of Statement of Ownership
☑ Publication required. Will be printed in the NOV-DEC 2007 issue of this publication. ☐ Publication not required.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner — Date

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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A Look Back

Navy Medicine 1944

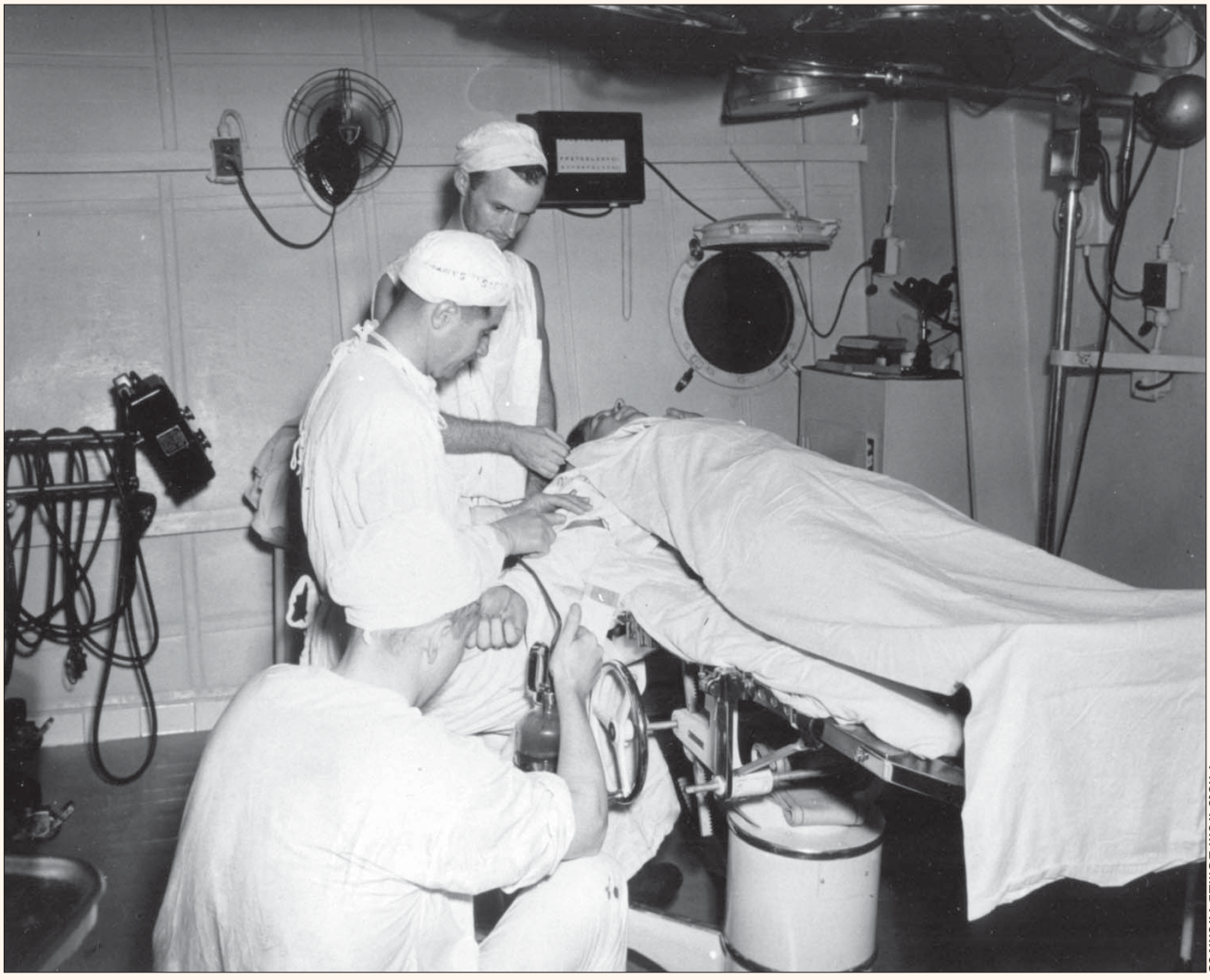

Photo from BUMED Archives

Volunteer blood donor contributes the vital fluid for transfusions. Landing on Panoan Island, Philippines.

If you have a photo that captures an aspect of Navy medicine's past you would like to share, please contact Andre.Sobocinski@med.navy.mil

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